

STIC Database Tracking Number: 323294

To: Vivek KOPPIKAR
Location: KNX5D51
Art Unit: 3686
February 26, 2010
Case Serial Number: 10/634893

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Search Notes

Dear Examiner KOPPIKAR:

Please find attached the results of your search for the above-referenced related case. The search was conducted in Dialog, in EBSCOhost (mandatory I & PC Abstract databases) and in ProQuest (Financial Times database), as well as online. All mandatory databases for allowance were searched.

I have listed *potential* references of interest in the opening section of these search results. However, please be sure to review the entire report. There may be additional references that you find useful.

Please note that the results, after the potential references of interest, proceed through an Inventor search (which is provided without regard to priority date and in GREEN TEXT) and then to results in both Abstract and Full Text databases (which are more directly screened for priority date).

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search!

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I. Potential References of Interest

** EIC-Searcher identified “potential references of interest” are selected based on the terms/concepts provided in the examiner’s search request.*

NONE SELECTED.

II. Inventor Search

A. Dialog

File 485:Accounting & Tax DB 1971-2010/Feb W3
(c) 2010 ProQuest Info&Learning

File 625:American Banker Publications 1981-2008/Jun 26
(c) 2008 American Banker

File 637:Journal of Commerce 1986-2010/Feb 26
(c) 2010 UBM Global Trade

File 15:ABI/Inform(R) 1971-2010/Feb 25
(c) 2010 ProQuest Info&Learning

File 9:Business & Industry(R) Jul/1994-2010/Feb 25
(c) 2010 Gale/Cengage

File 610:Business Wire 1999-2010/Feb 26
(c) 2010 Business Wire.

File 810:Business Wire 1986-1999/Feb 28
(c) 1999 Business Wire

File 275:Gale Group Computer DB(TM) 1983-2010/Jan 19
(c) 2010 Gale/Cengage

File 624:McGraw-Hill Publications 1985-2010/Feb 26
(c) 2010 McGraw-Hill Co. Inc

File 621:Gale Group New Prod.Annou.(R) 1985-2010/Jan 08
(c) 2010 Gale/Cengage

File 636:Gale Group Newsletter DB(TM) 1987-2010/Jan 25
(c) 2010 Gale/Cengage

File 613:PR Newswire 1999-2010/Feb 26
(c) 2010 PR Newswire Association Inc

File 813:PR Newswire 1987-1999/Apr 30
(c) 1999 PR Newswire Association Inc

File 16:Gale Group PROMT(R) 1990-2010/Feb 26
(c) 2010 Gale/Cengage

File 160:Gale Group PROMT(R) 1972-1989
(c) 1999 The Gale Group

File 634:San Jose Mercury Jun 1985-2010/Feb 25
(c) 2010 San Jose Mercury News

File 148:Gale Group Trade & Industry DB 1976-2010/Feb 26
(c) 2010 Gale/Cengage

File 20:Dialog Global Reporter 1997-2010/Feb 26
(c) 2010 Dialog

File 35:Dissertation Abs Online 1861-2010/Jan
(c) 2010 ProQuest Info&Learning

File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
(c) 2002 Gale/Cengage

File 65:Inside Conferences 1993-2010/Feb 26
 (c) 2010 BLDSC all rts. reserv.
 File 2:INSPEC 1898-2010/Feb W3
 (c) 2010 The IET
 File 474:New York Times Abs 1969-2010/Feb 26
 (c) 2010 The New York Times
 File 475:Wall Street Journal Abs 1973-2010/Feb 26
 (c) 2010 The New York Times
 File 99:Wilson Appl. Sci & Tech Abs 1983-2010/Dec
 (c) 2010 The HW Wilson Co.
 File 256:TecTrends 1982-2010/Feb W3
 (c) 2010 Info.Sources Inc. All rights res.
 File 169:Insurance Periodicals 1984-1999/Nov 15
 (c) 1999 NILS Publishing Co.

Set	Items	Description
S1	6776	AU=(HAIL, M? OR HAYES, B? OR TAYLOR, T? OR MOORE, W? OR TOKUUE,
B? OR	HAIL M?	OR HAYES B? OR TAYLOR T? OR MOORE W? OR TOKUUE B?)
S2	132	S1 AND INSURANCE
S3	36	S2 AND CLAIM?
S4	20	S3 AND POTENTIAL
S5	17	RD (unique items)

File 347:JAPIO Dec 1976-2009/Oct(Updated 100129)
 (c) 2010 JPO & JAPIO
 File 348:EUROPEAN PATENTS 1978-201008
 (c) 2010 European Patent Office
 File 349:PCT FULLTEXT 1979-2010/UB=20100218/UT=20100211
 (c) 2010 WIPO/Thomson
 File 350:Derwent WPIX 1963-2010/UD=201013
 (c) 2010 Thomson Reuters

Set	Items	Description
S1	2184	AU=(HAIL, M? OR HAYES, B? OR TAYLOR, T? OR MOORE, W? OR TOKUUE,
B? OR	HAIL M?	OR HAYES B? OR TAYLOR T? OR MOORE W? OR TOKUUE B?)
S2	6	S1 AND INSURANCE
S3	6	S2 AND CLAIM?
S4	6	IDPAT (sorted in duplicate/non-duplicate order)
S5	6	IDPAT (primary/non-duplicate records only)

B. Palm

First Name = BERRY

Application#	Patent#	PG Pub#	Status	Date Filed	Title	Examiner Name	Inventor Name
<u>10118060</u>	Not Issued		124	04/09/2002	System and method for managing account processing	KOPPIKAR,VIVEK	HAYES, BERRY
<u>60282149</u>	Not Issued		159	04/09/2001	System and method for managing account processing		HAYES, BERRY
<u>60410828</u>	Not Issued		159	09/16/2002	System and method for managing insurance claims		HAYES, BERRY
<u>10634893</u>	Not Issued		30	08/06/2003	Systems and methods for managing insurance claims	KOPPIKAR,VIVEK	HAYES, BERRY L.

Application#	Patent#	PG Pub#	Status	Date Filed	Title	Examiner Name	Inventor Name
<u>60410828</u>	Not Issued		159	09/16/2002	System and method for managing insurance claims		HAIL, MITZI B.
<u>10118060</u>	Not Issued		124	04/09/2002	System and method for managing account processing	KOPPIKAR,VIVEK	HAIL, MITZI R.
<u>10634893</u>	Not Issued		30	08/06/2003	Systems and methods for managing insurance claims	KOPPIKAR,VIVEK	HAIL, MITZI R.
<u>10790145</u>	Not		93	03/02/2004	SYSTEM AND	LE,LINH GIANG	HAIL,

	Issued				METHOD FOR PROCESSING INSURANCE CLAIMS		MITZI R.
<u>60451000</u>	Not Issued		159	03/03/2003	System and method for managing insurance claims	,	HAIL, MITZI R.

<u>10634893</u>	Not Issued	30	08/06/2003	Systems and methods for managing insurance claims	KOPPIKAR,VIVEK		MOORE, WILLIAM C.
<u>60410828</u>	Not Issued	159	09/16/2002	System and method for managing insurance claims	,		MOORE, WILLIAM C.

pplication#	Patent#	PG Pub#	Status	Date Filed	Title	Examiner Name	Inventor Name
<u>10118060</u>	Not Issued		124	04/09/2002	System and method for managing account processing	KOPPIKAR,VIVEK	TOKUUE, BOBBY T.
<u>10634893</u>	Not Issued		30	08/06/2003	Systems and methods for managing insurance claims	KOPPIKAR,VIVEK	TOKUUE, BOBBY T.
<u>60282149</u>	Not Issued		159	04/09/2001	System and method for managing account processing	,	TOKUUE, BOBBY T.
<u>60410828</u>	Not Issued		159	09/16/2002	System and method for managing insurance claims	,	TOKUUE, BOBBY T.

III. Text Search Results from Dialog (Full Text dbs)

A. Full-Text Databases – PATENT

File 348:EUROPEAN PATENTS 1978-200950

(c) 2009 European Patent Office

File 349:PCT FULLTEXT 1979-2009/UB=20091210|UT=20091203

(c) 2009 WIPO/Thomson

Set	Items	Description
S1	242074	INSURANCE(4N)CLAIM?
S2	31442	(ASSOCIATED OR SAME OR RELAT? OR IDENTICAL OR OVERLAP? OR MATCHED OR MATCHING OR NO()OTHER OR CONNECTED OR ABSEN? OR COMMON) (4N)(CLAIM? OR REQUEST? OR FILING?)
S3	15689	(CLAIMANT? OR INSURED? OR COVERED OR FILER OR INDIVIDUAL? ?)
S4	1014	(DATABASE? OR RECORDS OR PAPERWORK OR FILING? OR DATA() (BASE? ? OR BANK? ? OR STOR? OR SYSTEM?) OR ENTRIES) (4N) (SEARCH? OR FIND? OR LOCAT? OR SEEK? OR DETERMIN? OR VERIF? OR DISCOVER? OR (LOOK??? OR RESEARCH?)) (THROUGH OR IN OR INSIDE) OR EXAMIN? OR REEXAMIN?)
S5	2644	(DELAY? OR POSTPON? OR WITHHOLD? OR BLOCK? OR STOP? OR HOLD??? OR PENDING OR PUT???)(OFF OR ASIDE) OR FREEZ? OR FROZEN OR CANCEL? OR CEAS??? (4N)(PAY? OR AWARD? ? OR COMPENSAT? OR SETTLE? OR ISSU? OR CHECKS OR DISBURS? OR OUTLAY? OR FUNDS OR DAMAGES OR MONEY? ?)
S6	3548	(INVESTIGAT? OR PROBE? OR PROBING OR RE()EXAMIN? OR REVIEW? OR REEVALUAT? OR REPROCESS? OR (NEW OR AGAIN OR ADDITIONAL) (2N) (EXAMIN? OR EVALUAT? OR PROCESS? OR ADJUST?) OR READJUST? OR AT()ISSUE) (4N) (CLAIM??? OR UNDERLYING OR FACTS OR INCIDENT? ? OR FRAUD? OR DEFRAUD? OR INDIVIDUAL OR REQUEST? OR EVENTS OR ISSUES)
S7	14784	S2(F)S3
S8	773	S4(F)S7
S9	203	S8(F)S5
S10	92	S9(F)S6
S11	42	S10 FROM 348,349
S12	50	S10 NOT S11
S13	20	S11 NOT AY>2002
S14	24	S12 NOT PY>2002
S15	19	RD (unique items)

13/3K/20 (Item 20 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00400780

**LEGAL CLAIMS PROCESSING SYSTEM AND METHODS OF LITIGATION
MANAGEMENT USING THE SAME**
SYSTEME DE TRAITEMENT DE RECLAMATIONS JURIDIQUES ET METHODES DE GESTION
DE LITIGES FAISANT APPEL A CE SYSTEME

Patent Applicant/Patent Assignee:

- **IC2 SOLUTIONS INC**

Inventor(s):

- **JONES Steven P**
- **ROSANO Gregory D**

	Country	Number	Kind	Date
Patent	WO	9741524	A1	19971106
Application	WO	97US7207		19970430
Priorities	US	9616486		19960430

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)

AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY,
CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI,
GB, GE, GH, HU, IL, IS, JP, KE, KG, KP,
KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD,
MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO,
RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT,
UA, UG, UZ, VN, YU, GH, KE, LS, MW, SD,
SZ, UG, AM, AZ, BY, KG, KZ, MD, RU, TJ,
TM, AT, BE, CH, DE, DK, ES, FI, FR, GB,
GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
CF, CG, CI, CM, GA, GN, ML, MR, NE, SN,
TD, TG

Language Publication Language: English

Fulltext word count: 55778

Detailed Description:

...on the designated claim. If the legal service provider requires additional information to perform this conflict check, then the legal service provider must call the **claims adjuster** and **request additional** information. Often what ensues is a series of telephone tag between legal service provider and claims adjuster even before the claim is successfully assigned to...there additionally, exists a further need for the insurer to have access to the information maintained by the legal service provider.

While much of the **claim-related** information may now be transmitted

between legal service providers and insurers using electronic communications, no integrated system currently exists for management and control of this... ..litigation management system networking a source of the litigation to a plurality of subscribers through a central hub, The method includes steps for entering new **claim** information **relating** to a new litigation into a source new **claims** databases **associated** with the source; transmitting a new claim signal in response to the entry of the new claim information into the source new claim database to...authorization database accessible by a subscriber processing means associated with the one subscriber. In a preferred embodiment, this method also includes steps for generating a **request** for payment **associated** with the activity when the activity is completed; enabling a transmission of the request for payment if the activity request was approved; and disabling the... successfully completed assignment of a new claim by the source system in a preferred embodiment of the invention;

Figure 16 shows an assignment of an **investigation request** from a **claims** processor to an outside **investigator** or adjuster within a source system in a preferred embodiment of the invention;

Figure 16A shows a completed investigation report sent by an **investigator** or adjuster to a **claims** processor in a preferred embodiment of the invention;

Figure 17 shows an example of a request for a status report available within the source system...by reference to a litigation management system for law firms (hereinafter "subscribers") and the insurance companies which process a substantial volume of claims filed against **insured individuals**, it should be understood that the invention may be used to provide caseload management between legal service providers, clients other than insurers, and a variety...activity authorization process shown at step 56. Once an approved activity has been completed, the billing controller may be used to control the transmission of **requests** for payment of services **associated** with the activity as shown at step 58.

In addition, during an on-going litigation the **claims** processor may **review** the status of the insurer's cases or status of the billing for cases handled for that insurer as shown at 62 and described in...selector at step 74. The subscriber database contains information relating to each of the subscribers in the network such as identification and address. The selector **searches** the subscriber **database** at step 76 to select one of the subscribers based on the extracted information. The selector then outputs the identity of the selected subscriber to... ..at step 84 are described in more detail below, The new case budget proposal includes budget proposal data indicative of the strategy for litigating the **claim** and the anticipated costs **associated** with that strategy. The new case budget is transmitted from the selected subscriber's subscriber system through the router and ultimately to the source system... ..as shown at step 88. The budget proposal data is stored in the source new claims database at step 91 so that it can be **reviewed** by the **claims** processor or insurer. If the new case budget proposal is acceptable as determined at step 90, an acceptance is transmitted back to the selected subscriber...for payment from being submitted until authorization for the services, i.e., the activity, has been received.

As shown in Figure 5, a subscriber may **request** authorization by entering activity **related** information into the subscriber new case database at step 110.

The activity information is then submitted with a request for authorization at step 112.

The source communications management database is then updated with the **request** for authorization and the **related** activity information at step 114. A claims processor at the insurer may then **review** the **request** and information and decide whether or not to approve the activity at step 116. If the claims processor approves the activity, the approval is entered multiplicity of possible subscribers to handle a new **claim** filed against a **connected** insurer. In one preferred embodiment, a primary and alternate subscriber per specified geographic region, e.g., based on judicial jurisdiction, may be networked to the... database may list each primary and alternate subscriber by jurisdiction or geographic region. The selector at the central hub shown in Figure 2, may then **search** the subscriber **database** to identify the primary subscriber in the jurisdiction identified in the new claim information transmitted from a source system. The central hub system then transmits...to the source system. If the request for authorization for the activity for which payment is required had been - 17 denied, the billing controller may **hold** the request for **payment** in a preferred embodiment and provide an indication 138 that the request for payment has held to the internal office case administration system. This may... deposition is taken in fields relating to the case information. The deposition testimony text may be formatted based on network specifications.

To better describe the new **claim** authorization **process** and the activity authorization process described above, the processes will again be described in connection with examples of the user interfaces provided to carry out...the policy information field has been selected and the entry interface associated therewith has been opened. The entry interface shows the data input from the **claims** processor **relating** to policy information, such as limits of insurance, deductibles and endorsements, etc. Returning to Figure 8, each of the fields 208 preferably has an entry ... serves as the Conflict Check screen. The Conflict Check screen allows the claims processor to check with the selected subscriber or other player (i.e., **claims** processor, **investigator**, etc.) for any conflict of interest within that subscriber/player that might prevent assignment of the claim. The Conflict Check screen is the **same** for all types of **claims**, i.e., - 19 transmits that information to the selected subscriber.

In a preferred embodiment, a new claim may be added to the litigation management system...the claims processor may select options from the list shown. If an investigation, for example, is needed to be conducted by an outside adjuster or **investigator**, the **claims** adjuster selects the "**investigation**" option and clicks on the OK button. That action preferably brings up a listing of the possible investigative companies from a listing in the central... the systems intended users. Upon selection of a company, Figure 16 will appear and the claims processor completes instructions in the Requestor Comments section. The **claims** processor sends the **Investigation Request** through the central server system to the Investigator. The selected **investigator** receives the **request** as shown in Figure 16. When the investigation is completed, the investigator fills out the report and clicks on the Return button 225 to send...Figure 18A. The subscriber preferably describes the specific authority request in the box and submits it to the user by clicking the OK button. The **claims** processor **reviews** the **request** as shown in Figure 19 and clicks on the Edit button 227. The screen changes to allow the claims processor to either Accept or Reject...Objects When Reading: No

Dialog eLink: [Order File History](#)

13/3K/16 (Item 16 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00753793

WEB BROWSER BASED BILLING SYSTEM FOR HEALTH CARE PROVIDER CLAIMS
SYSTEME DE FACTURATION BASE SUR UN NAVIGATEUR WEB POUR LE TRAITEMENT
DES DEMANDES DE PAIEMENT DES FOURNISSEURS DE SOINS DE SANTE

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Legal Representative:

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Middleton & Reutlinger, 2500 Brown & Williamson Tower, Louisville, KY 40202; US

	Country	Number	Kind	Date
Patent	WO	200067173	A1	20001109
Application	WO	2000US11429		20000428
Priorities	US	99131869		19990430

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)

AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG,
BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK,
DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM,
HR, HU, ID, IL, IN, IS, JP, KE, KG, KP,
KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT,
RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM,
TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW

[EP] AT; BE; CH; CY; DE; DK; ES; FI; FR; GB;
GR; IE; IT; LU; MC; NL; PT; SE;

[OA] BF; BJ; CF; CG; CI; CM; GA; GN; GW; ML; MR; NE; SN; TD; TG;

[AP] GH; GM; KE; LS; MW; SD; SL; SZ; TZ; UG; ZW;

[EA] AM; AZ; BY; KG; KZ; MD; RU; TJ; TM;

Language Publication Language: English

Filing Language: English

Fulltext word count: 9442

Detailed Description:

...network.

Further issues which require resolution in prior art systems is error checking of claim data entered by the users. In standard systems, it is **common** to submit **claim** information in batch form to a third party clearing house wherein the clearing house provides an error checking function in order to ensure that the... ...provide a health care claims submission system which relies on the open software architecture commonly found on the internet and thus allows any entity or **individual** with an internet browser to utilize the claims submission system.

A further object of the present invention is to provide an open software architecture claim... ...claims submission process screen forms.

An additional object of the present invention is to combine multiple databases containing information on providers, prior claims, insurance information, **insured**, **insured** information, patients, third party payers, claim submission rules and other rules information while securely transmitting such information over an open network.

A further object of... ...a web browser compatible site.

A further object of the present invention is to provide a health care provider claim submission system wherein particular rules **relating to claim** submission, required data and other matters may be defined by the health care provider.

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An even further object of the present invention is to... ...wherein records stored in the systems databases are inter-related with each other so that particular records are associated with specific data elements such as **insured** and patient diagnosis, facility and provider, among others.

These and more objectives are met utilizing the web-based browser billing system for health care provider...Figure 7 is an overview of the provider setup procedure of the present invention;

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Figure 8 is a schematic detailing the procedure for policy **holder** and **payer** set up

within the system of the present invention;

Figure 9 is a schematic overview of the functional elements for the claims database of the... ..15 is a representative page on the system of the present invention wherein a new patent is entered;

Figure 16 is a flow chart detailing **review** of **claims** process on the system of the present invention;

Figure 17 is a representative page on the system of the present invention wherein the claims are...200 at step 32. Subsequent to saving the claim information, claims may be submitted independently at step 33 for review by clearing house 50 which **reviews** the **claim** information for valid data type and service information as well as other requisite information required by each of the payers. Clearing house 50 may then update the submitted claim status contained within claim database 200 such that status information is stored in a history table **associated** with each **claim** at step 34.

As can be determined from the schematics of Figures 1a and 1b, the procedure for entering claim information consists of a...table 108; referring physician information table 110 and payor data table 112 among others. The patient information table 102 contains specific information regarding each **individual** patient. Each table entry includes particular information about each patient such as name, address, contact information, date of birth and a secondary **insured** policy **holder** as well as the **payor** ascribed to that policy **holder**. An example of an entry page for new patient information is shown in Figure 15. Thus, the table record will include all relevant information as... ..to other tables contained within the lookup database 100.

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In addition to the patient information, a policy information table 106 contains data regarding each **individual** policy and the relevant policy holder for that policy. Links may also be placed within the policy information table 106 to the various patients **covered** under the policy information table entry as well as links to payor information, **insured** identifier and other requisite information related to that policyholder. Thus, policy holders will be listed particularly in the policy information table 106 as well as...The Claim line item table contains all relevant information regarding any given claim such that it is located in a single entry within the claims **database** 200. Such single entry **location** of the claim information and data allows the system of the present invention easy access to particular claim information and allows proper tracking of the... ..partially filled claims which require additional attention by the healthcare provider prior to submission to the payer or clearing house.

Additionally, the healthcare provider may **review** all unsubmitted **claims** or all claims which require attention or correction of invalid or incorrect data.

Turning to Figure 4, a review of exemplary functional aspects of the... ..incorporates specific information regarding each of the healthcare providers and billing providers located within the system.

Additional information regarding policyholders indicating those who are **insured** and other relevant policy information is also maintained within the lookup database 100. This information may be linked specifically to patient information and payer information... ..web pages of Figures 13

Once the adequate database 100 information has been entered within the lookup database 100 for all relevant providers and patients, **claim** entry is made **relatively** easy and the functions appropriate for

entry of claims into the claims database 200 are shown under claim activities 42 of Figure 4. These include entry of new **claims** 42a, **review** of unsubmitted **claims**, **review** of **claims** 42b in which assistance may be required 42c and the allowance of searching through previously entered claims to determine the status of those

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entries or review information retained therein 42d. Again, these functional features provided by the system of the present invention are merely exemplary and additional functions for **claim** submission and **review** may be implemented by one of ordinary skill in the art given the teachings of this disclosure.

As can be determined from the structure of... 4, it is apparent that upon selection of the claims functions within the system of the present invention, the user may select to obtain or **review** all unsubmitted **claims** 42b as is depicted in the sample web page of Figure 17. As can be seen, all incomplete claims 222 or unsubmitted **claims** 224 are displayed for **review** by the ...in Figure 16, it is apparent that the user may select the claim function at step 300. The system of the present invention will then **review** the **claims** database 200 and display from the claims database all incomplete claims 222 at step 302. Further, the system of the present invention will **review** all unsubmitted **claims** from the claims database and display those for the user to review at step 303. An example of this type of display is shown in ... step 3 or 4. The system will then allow any action selected on the specific claims which includes viewing the specific claim information, editing the **claim** information, **reviewing** the **claim** history table entries for the claim and deleting the claim. If any claims are selected for submission as is depicted in step 306, the system... requisite information and for later submission to third party payers or clearinghouses. These claims will be submitted at step 307 and at step 308 the **individual** claim history record within the claim database 200 will be updated.

Returning now to the initial entry of specific patient information, as shown in Figure... previously indicated. All relevant data may be entered into the system at step 74 as well as connection of the patient information directly to specific **insured** policyholder information and payer information also contained within the lookup database 100. All of this information is indicated in the tables shown in Figure 2 adding new **claims** 122, **reviewing** unsubmitted **claims** 124, **reviewing** **claims** wherein action is required at step 126 or searching through the entered claims at 125. Representative example of the claims functional menu is shown in... the lookup database 100, the user may simply select from the various pull down menus 230 depicted in Figure 14 in order to make entry of **claim** data **relatively** easy.

The system of the present invention will therefor obtain relevant claim information 231 and also obtain specific detail information 232 at step 134 as... submitted to the clearing house 50, the record will be forwarded to the clearing house at step 148 for further processing and data review.

In **review** of the general **claim** entering process, as is depicted in Figure 1 I, the claim entering process 150 is comprised of allowing the system to pull relevant information from... may be rather extensive and insures the adequacy of all data and proper formatting for later submission to third party clearinghouse or payors. Thus, after **review** of the **claim** data for accuracy at step 156, the user may save the claim data to the claim database 200 at step 158. All the stored claim... if the user were to select the unsubmitted function within the claims area of the system of the present invention, a listing of all unsubmitted **claims** will be displayed for **review** by the provider. All unsubmitted and saved claims may also be displayed at step 160 and the user may then elect to submit each claim... to clearinghouse 50 may be formatted for the clearinghouse into the required formatting perimeters defined by the third party

clearinghouses 39 or payers 38. Internal **claim** submission clearinghouse 50 will **review** all of the **claims** for missing or incorrect information, as previously indicated, and thereby submit those claims directly to the payer 38 and clearinghouse 39. The electronic submission of...

Dialog eLink: [Order File History](#)

13/3K/13 (Item 13 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00779712

DETECTION OF INSURANCE PREMIUM FRAUD OR ABUSE USING A PREDICTIVE SOFTWARE SYSTEM

DETECTION DE LA FRAUDE ET DES ABUS AUX PRIMES D'ASSURANCE A L'AIDE D'UN SYSTEME DE LOGICIEL PREDICTIF

Patent Applicant/Patent Assignee:

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	Country	Number	Kind	Date
Patent	WO	200113295	A1	20010222
Application	WO	2000US21298		20000804
Priorities	US	99373926		19990812

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)

AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR,
BY, BZ, CA, CH, CN, CU, CZ, DE, DK, EE,
ES, FI, GB, GE, GH, GM, HR, HU, ID, IL,
IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK,
LR, LS, LT, LU, LV, MD, MG, MK, MN, MW,
MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG,
SI, SK, TJ, TM, TR, TT, UA, UG, UZ, VN,
YU, ZA, ZW

[EP] AT; BE; CH; CY; DE; DK; ES; FI; FR; GB;
GR; IE; IT; LU; MC; NL; PT; SE;

[OA] BF; BJ; CF; CG; CI; CM; GA; GN; GW; ML;
MR; NE; SN; TD; TG;

[AP] GH; GM; KE; LS; MW; MZ; SD; SL; SZ; TZ;
UG; ZW;

[EA] AM; AZ; BY; KG; KZ; MD; RU; TJ; TM;

Language Publication Language: English

Filing Language: English

Fulltext word count: 28661

Detailed Description:

...it. In Fig. 1, a policyholder is an entity that obtains an insurance policy from an insurer. The policyholder may be a business or an **individual**. The policyholder wishes to minimize exposure to certain risks, such as the risk of loss of life, health, livelihood, property, or profitability or the like...
...absence of insurance) result in claims made against the policyholder become, by proxy, claims against the insurer. The insurer insures the activities by compensating the **claimants** in accordance with the terms of the policy.

To determine the premium that is needed to underwrite the policy, the insurer must have a way...
...insuring the policyholder. To quantify the risks, the insurer obtains various types of data from the policyholder, that variously measures the policyholder's and the **claimants** current and past behavior and/or attributes (including the value of objects owned) relevant to the policy that is being purchased. These measures are generally... ..depending on the type of insurance. In the context of workers' compensation insurance, the activity being measured is the amount of industry in which the **insured** company operates. In automobile insurance, for example, the activity and attributes include type of car, miles driven, and characteristics of the primary driver. In homeowner... ..While selective underwriting can eliminate some applicants whose policy information appears suspicious, once an applicant becomes a policyholder there is an ongoing risk of premium **fraud**. Thus audits and **investigations** are important tools in an insurer's defense against premium fraud.

The object of an audit is to recover premium due, but not invoiced, because...face particularly high rates for insurance. Such ad hoc methods for choosing policies to audit are reasonable if the auditors lack a

way to assess **individual** policies for the likelihood of premium fraud. However, they result in auditing a great many policies that are honest (false positives) while many fraudulent policies... ..according to the Conning & Company study is workers' compensation insurance. Workers' compensation insurance is purchased from an insurer by employers (policyholders) to compensate their employees (**claimants**) for medical and/or disability expenses should an employee suffer a work-related injury.

Fraud and abuse in workers' compensation insurance may be committed by a **claimant** (exaggeration of injury, malingering, drug-abuse, double-dipping, etc.), employer (misrepresentation of payroll and employee class codes), or health care provider (overservicing, collusion with **claimant**, etc.). Over the ten-year period from 1985-1994, 36% of lo property-casualty insurance fraud was in workers' compensation claims totaling about \$5.9... ..fraud. A study by the California Department of Insurance found, that losses on premium fraud can and usually do exceed the amount of loss on **claimant** fraud and, in some instances, provider fraud.

The motivation for employers to commit premium fraud by misrepresenting payroll information is significant because insurance premiums form... ..can thus reduce premiums by under-reporting payroll figures.

* Additionally, premium rates vary greatly by occupation providing an incentive to misrepresent employees' occupations: Consider an **individual** with an annual income of \$50,000. A typical premium for insuring a construction supervisor at that salary is approximately \$300 (class code 5606), while... ..and personally inspecting the facilities and books of the policyholder to confirm policy information and identify any misrepresentations. A desk audit is based on a **review** of documents **requested** from the policyholder. Many insurers are trending to an increasing number of desk audits, first to handle an increasing number of audits generally, and because...software products that identify the likelihood of premium fraud for each policy. The system derives variables that capture relevant features about the policyholder or its **claimants**. These variables are analyzed using detection methods such as models and rules for patterns indicative of fraudulent conduct. It should be noted here that... ..of these variables may be understood as measures of the 2o amount, distribution, or nature of the activities or characteristics of the policyholder and its **claimants** as indicators of premium fraud risk.

The peer group variables include peer group comparison variables and peer group risk variables. Peer group comparison variables compare ...was learned by the predictive model during model development by processing many examples of insurance policies which have been classified as either fraudulent or non-fraudulent. When the predictive model **evaluates** a **new** policy, it looks at all of the policy variables together and determines the degree to which the policy is similar or dissimilar to policies...analyze. The specific data to be considered depends on the type of insurance, but it may include data on the policyholder, activity measures, policy history, **claims**, audits or **investigations**, and any other relevant data. An insurer may also manually select policies for review by the system.

In one aspect of the present invention, a... ..of the policyholder, and/or the history of such activities, and generally provide various measures of the activity related to the policy that is being **insured**.

Once the appropriate variables are derived, they are input into a predictive model.

The predictive model has been previously trained to learn the statistical relationships... ..latter focusing

on the policies with the greatest net lo expected adjustments. The output of the system may be customized to support usage strategies of **individual** insurers.

The present invention provides a number of advantages over prior insurance premium fraud detection methods. First, the present invention identifies **individual** policies (through the model scores and rule-based analysis) that have a high likelihood of involving i5 premium fraud or abuse resulting from misrepresentation of...a group of input variables.

These explanations assist the auditor when investigating a policy deemed to be suspicious by directing their attention to specific policy-**related** or **claim-related** facts and data. In one embodiment, up to five reason-codes are returned with each model score.

In a preferred embodiment, the fraud detection engine...History Table 702 contains information on the status of each policy (tracking changes in status) and on 30-day notices that are sent for late **payment** for each policy. For **cancellations**, it also contains the reason for the cancellation. Information on notices for late **payment** and **cancellations** for late **payment** are useful for identifying policyholders who may be experiencing financial difficulty. All incoming policy status records are inserted into this table.

The Audit Table 704... ...Audit ID.

The Payroll/Adjustment Header Table 706 contains high-level information about payroll reports and audit adjustments for each policy. It contains the dates **covered** by the payroll report or audit, information about the policy (such as the policy type, SIC Code, and experience modification rate), and for audits, the...officers of each policyholder company. It includes the officer's name, title, relevant dates, social security number, and an indicator of whether the officer is **covered** by the workers' compensation policy. The primary key for the Officer Table is: Policy Number, Officer ID, Officer Start Date, and Coverage Effective Date.

The... ...Date.

The Claim Table 716 contains a record of any workers' compensation claims that were filed under each policy. It provides background information on the **claimant**, including date of birth, age, job class code, and date hired. It also contains information about the injury, including the accident code, injury type, body... ...analyzed by the predictive model 622; this is primarily done by the policy selection process 610. The system then accepts policies for consideration, makes certain **determinations** about them, and **records** its conclusions in the policy scoring file 612.

In one embodiment, all policies that are considered by the policy selection process 610 are included in...data. For example, the lookup tables 616 may store values for peer group risk variables associated with one or more different classifications of policyholders or **claimants** into peer groups.

The values are retrieved from the lookup tables 616 by looking up the appropriate value given the an applicable peer group risk...6810 Payroll share in class code 6810 makes this policy more (clerical) suspicious.

Payment Data

17 Number of Prior Cancellations For The number of prior **cancellations** for non-payment Non-payment makes fl-ds policy more suspicious.

Claim Data

18 Ratio of Number of Claims to Payroll The number of claims compared to the payroll or...Desk Audit
500 Watch List-Assign Auditor
<500 No Action

These particular fraud scores and actions are merely exemplary as it is anticipated that the **individual** insurer will establish them as needed.

5. Use of Reason Codes and Explanations: The reasons returned along with the model ...different streams of data. Policy variables are solely based on features of the policy and associated policyholder(s) that are relevant to assessing the risks **associated** with that policy. **Claim** variables, on the other hand, are derived from information about any claims that were filed on a given policy and thus represent the losses that...on the vectors quantifying each policy's payroll share in standard industry groups.

Once the various grouping schemes are determined, the desired statistics for each **individual** group are computed from the policies associated with the particular policyholders in each group. When computing the statistics for any grouping scheme, it is important ...group policy variables, the same techniques are used to derive peer group claim variables. Peer group variables based on claim activity are used to compare **claim related** information of the policy with that of the policyholders' peers. Examples include risk based on the number of claims and variables based on claim costs... ..in the groups in different time periods are compared by computing the dot product between the two vectors (normalized by the L2 norm of each **individual** vector).

For example, a vector P of payroll shares in a past time period t in a policy may be defined as.

$P_t = f(SLI, SZ, \dots)$...be derived, robustness, and regulatory constraints.

There may be several hundred potential model input variables, summarizing information about each policy (and, in one embodiment, its **associated claims**), from which to select.

Those of skill in the art are familiar with the techniques used to select variables from a population for modeling that... ..with a high degree of correlation with the target.

As noted above, the predictive model 622 may be developed on the policy data of an **individual** insurer. Alternatively, a consortium model may be developed that pools data from multiple insurers and is designed to be delivered to different insurance carriers. In... ..a case, variables should be selected that have similar characteristics, including correlation to fraud, across multiple insurers in order to ensure good performance for any **individual** insurer. The variable selection process is closely intertwined with model training, which is described in Model Training.

7. Variable Derivation

The model development environment is...on optimizing fewer models; less effort is required to calibrate scores across models; and users of the system do not need to become familiar with **individual** nuances

of as many models. In one embodiment for workers' compensation insurance, a single model is used because the policy data is sufficiently uniform with...60 49 108

Policy Name C 40 109 148

Billing Cycle C 1 149 149

Records Address C 30 150 179 Address at which payroll **records** are
Line1 **located**

Records Address C 30 180 209 Address at which payroll **records** are
Line2 **located**

Records City C 20 210 229 Address at which payroll **records** are
located

Records State C 2 230 231 Address at which payroll **records** are
located

Records Zip Code C 9 232 240 Address at which payroll **records** are
located

Mailing Address C 30 241 270 Mailing address for business
Line1 I

Mailing Address C 30 271 300 Mailing address for business
Line2

Mailing AddressAudit Location Code C 3 18 20 Code giving location of employer.

See accompanying table

Begin Date CMD 8 21 28 First day of period **covered** by audit

End Date CMD 8 29 36 Last day of period **covered** by audit

Auditor ID C 8 37 44 User ID of auditor who performed
the audit

Total Adjustment N 11 45 55 Dollar amount difference...CCYYMMDD

Officer Start Date CMD 8 26 33 CCYYMMDD

Officer End Date CMD 8 34 41 CCYYMMDD

Officer Coverage C 1 42 42 Y Principal **Covered**

Indicator N Principal Not **Covered**

Officer Class Code C 4 43 46

Officer Class Code C 2 47 48

State

Coverage Effective CMD 8 49 56 Date principal coverage begins... ..Claim Opened Date CMD 8 20 27
CCYYMMDD

Claim Closed Date CMD 8 28 35 CC`YYMMDD

Claim Reopened Date CMD 8 36 43 CCYYMMDD

Claimant Name C 18 44 61

Claimant SSN C 9 62 70 **Claimant's** social security number

Claimant Class Code C 4 71 74

Date of Injury CMD 8 75 82 CCYYMMDD

Injury Body Part 1 C 2 83 84 Part of body...

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13/3K/14 (Item 14 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00771312

METHOD AND APPARATUS FOR SETTLING CLAIMS BETWEEN HEALTH CARE PROVIDERS AND THIRD PARTY PAYERS USING A SMART CARD ID CARD
PROCEDE ET APPAREIL DE REGLEMENT D'INDEMNITES ENTRE DES FOURNISSEURS DE SOINS MEDICAUX ET DES TIERCES PARTIES QUI PAYENT A L'AIDE D'UNE CARTE D'IDENTITE INTELLIGENTE

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	Country	Number	Kind	Date
Patent	WO	200104821	A1	20010118
Application	WO	2000US19053		20000713
Priorities	US	99143448		19990713
	US	99168000		19991130

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)
AU, BB, BR, CA, JP, LC, NZ, SG, TT

[EP] AT; BE; CH; CY; DE; DK; ES; FI; FR; GB;
GR; IE; IT; LU; MC; NL; PT; SE;

Language Publication Language: English

Filing Language: English

Fulltext word count: 12159

Detailed Description:

...Apparatus For Settling Claims
Between Health Care Providers And Third Party
Payers Using A Smart Card ID Card

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CROSS-REFERENCES TO **RELATED** APPLICATIONS

This application **claims** the benefit of U.S.

Provisional Applications No. 60/143,448 filed July 13, 1999; and No. 60/168,000 filed Nov. 30, 1999. These... ..deductibles, the co-payments and/or, but not limited to, the fee exceeding the contractual limits of the patient's policy.

The provider compares the **covered** expenses with the original charges, and if necessary, bills the balance (line 104) to the patient/client. The client then reimburses the provider or forces... ..and/or a debit card or smart card as used herein.

The smart card serves at least three purposes; first is to identify the **insured** /client/patient/certificate holder and provide information and data regarding the patient that allows for confirmation of eligibility by the insurance company. Second, it provides...in a Preferred Provider Organizations (PPO), facilitating the implementation.

The magnetic strip on the smart card will include policy, certificate holder and plan information.

An **insured** would present the smart card, in lieu of the traditional insurance card, as is standard operating procedure, when seeking health related service. The provider's office administrator can now confirm eligibility by checking that the **insured's** policy is paid to date by using the same procedure that any vendor would use to confirm that a line of credit is in...determine if any benefits are payable by the policy. If benefits are payable, then the insurance company advises both the credit card processor and the **insured**.

The present invention allows health insurers in association with a credit card processor, to issue a combination health care certificate and payment card to plan... ..information provided by the insurer including, i.e. are premiums paid to date, combined with the availability of the personal line of credit of the **insured**.

After service is provided, the doctor submits a claim for immediate approval through the System using

industry standard CPT codes. The System establishes an interface... ..payment for medical services in a real time mode. They will be able to significantly reduce their overhead by reducing paperwork and back office expense **associated** with **filing of claims** and collection expenses. This will result in lower account receivables and reduced cost of carrying debit. The physicians will

14
experience better cash flow. By... ..of preferred embodiment of this invention and wherein like numbers refer to like structural elements.

FIG. 1 is a block diagram of the traditional insurance **claim relationship** between the first ...and presents a health service card of the present invention (the smart card). The present invention assumes that client 10 has already qualified and is **insured** by an insurance company 30, according to their normal underwriting standards. The smart card would normally be obtained by each client patient 10 **insured** by an insurance company 30 in the System 45.

At the point of obtaining the services by provider 20, e.g., by the doctor in... ..the procedure is within the plan rules, then the claim is "approved".

At this point in time the System communicates with the insurance company's **records** of the client to **determine** the adjudication of the provider's submitted claim. As an example, if during the visit, two

1 8
procedures were performed, two codes would be... ..credit card processor 40 establishes a retail line of credit with the client 10 in line 208, in addition to the line of credit for **insured** health services guaranteed by the insurance company 30. The

2 0
credit card processor ...provider on its behalf. The credit card processor 40 pays provider 20, line 210, and would balance bill the client 10 for any expenses not **covered** by the insurance plan, if agreed upon at the settlement conference.

The credit card processor benefits by having access to preferred credit card clients 10As used herein the System 45 of the present

invention is a combination of programs, data and processes focused on the electronic processing of health **claims** and the **associated** payments on behalf of all parties.

The objective of System 45 is to fully process the required transactions, so no further processing is required, thissubmits the super bill to the insurance company.

The insurance company reviews the super bill e.g. CPT codes, along with the particulars of the **insured** patient along with other additional information from the provider, including the provider's submitted fees in the claim. The insurance company makes a determination of... ..company's liability and a determination of the patient's liability. If the patient has liability, e.g. the insurance company's policy for the **insured** patient does not cover in whole or in part the submitted claim e.g. deductibles, co-payments or uninsurable amounts, the System ...described happens in real-time mode as it is well known in the present art, for example in the Visa@ and MasterCard@ credit card interchanges, **delays of settlement** (to the provider) of up to 48 hours are per standard operating procedures of retail credit card transactions.

In the event at the time the **claim** is **reviewed** by the insurance company for a claim adjudication there is insufficient credit available on the patient's smart card, then the System will communicate with...the super bill can reflect the then current terms between the parties in a real-time mode.

is With the super bill tailored to each **individual** patient, the provider's relationship has more accurate data and can be provided to the provider from the insurance company by the System. Specifically, the super bill will now contain current services provided by the provider that would be **covered** under the patient's current policy with the insurance company. This will allow, at the time of treatment, current information to both the provider and the patient to determine the desired services and allow the patient and provider to both know their economic risk as to whether those services are **covered** by 34 the insurance policy. This is not to say that services may be withheld or violate any professional code of ethics of the provider in after the doctor performed services.

In this process column 34 in Fig. 5 shows how the is **individual** line items for each description are selected on the computer electronically. The super bill can be and is preferably completed electronically on the computer screen... ..a claim to the insurance company.

The back office system waits for the answer from the insurance company which will provide the amounts accepted and **covered** under the client's insurance, including information on the insurability, deductibles, co-payments etc.

Once the back office system knows which portions of the super... ..the credit card processor to the insurance company under the terms mutually agreed upon by the insurance company and credit processor. This is the portion **covered** by the insurance company, net of co-pay and deductible; and Debit to the client's credit card for the portion of the bill not **covered** by the insurance company, plus the amount applied to deductibles, plus the co-payments (if any).

Once the insurance company and credit card processor transactions... ..name, Patient Middle Initial, Patient social security number, and an Error code, if any. The client program will display the list of patients that are **covered** under the card used, see Fig. 10.

3 9

0:@

-wipT3 GTqq ssGooad o;

aGpao UT j@updwD aoupansuT GTq; Aq pGaTnbGa ST uoTqpwaoguT

STqq...super bill Detail 52 is pressed, the

System will show current information of the recently created super bill.

The fields for Total incurred 54, Total **Covered** 55 and Case Number 56 are still empty, this is because a super bill has been created, but not completed and processed.

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At this...to the clinic exists and is valid;
validate that the merchant number assigned by the credit card processor to the clinic exist; send a "Not **Covered** "

message for each CPT not **covered** or recognized by the back office system under this policy contract, and prepare a record for each CPT recognized by the insurance contract as: get CPT code from open case queue; get amount incurred from open case; get amount **covered** from

45
9:@

-Junowp pGpungaa

pup !junowp @Pd-oo !GTqTqDnPGC !pGaGAOD qUnOWV !pGaanouj
qunowV !PTpd GqPC !PGaanOuT GqPC !GPCD ldd !aGqwnN
quGpuGdGC !aGqwnN aqP3TJTqaG3 !aGqwnN... ..Aupdwoo GoupanSUT
CS061/OOSfi/1Jd lzstpo/lo ota

Update Dependent claim history record as: add the amount incurred to the total claimed; add the amount **covered** to total paid; add deductible paid to total deductible; add the refunded amount to refund total; and add to co-payment total the amount of... ..Update the certificate record with: add to deductible the amount of deductible; and compute the number of family deductibles paid (as deductible/annual deductible).

Update **pending** case CPT record with: **payable** amount; co-pay amount; deductible amount; refund amount; message with "OK..."; and accepted flag with (O=Yes, has been accepted by insurance company).

Once each... ..to produce the charges to the Credit Card of the insurance company and the Client as needed.

Charge the Insurance company for the amount refunded (**covered** less deductible and co pay). Skip if the Insurance company has recognized no refund.

Create charge to the insurance company, read insurance company account with...card number and approval code (if charged); the client credit card number and approval code (if charged); the total charges by the clinic; the amount **covered** by insurance company; the amount charged to client card (if approved); the amount charged to the insurance company card (If approved); cash due by client... ..CASE expire date; and insurance company name.

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Also, in the EOB will be an informational line for each treatment: CPT code; amount incurred; amount **covered**; amount of deductible; amount of co-pay; amount

refunded; insurance company process message; and
accept/deny code as set by the insurance company.

Additional items... ..Detail Form Element" to I'Mrue".

a. Verify the existence of this super bill
detail from element and retrieve its abstract key.

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13/3K/18 (Item 18 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00545209

COMPUTERIZED DISPUTE RESOLUTION SYSTEM AND METHOD
SYSTEME ET PROCEDE INFORMATIQUES SERVANT A RESOUDRE UN LITIGE**Patent Applicant/Patent Assignee:**

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	Country	Number	Kind	Date
Patent	WO	200008582	A1	20000217
Application	WO	99US17737		19990806
Priorities	US	98130154		19980806

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)

AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR,
BY, CA, CH, CN, CR, CU, CZ, DE, DK, EE,
ES, FI, GB, GD, GE, GH, GM, HR, HU, ID,
IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC,
LK, LR, LS, LT, LU, LV, MD, MG, MK, MN,
MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE,
SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG,
UZ, VN, YU, ZA, ZW, GH, GM, KE, LS, MW,
SD, SL, SZ, UG, ZW, AM, AZ, BY, KG, KZ,
MD, RU, TJ, TM, AT, BE, CH, CY, DE, DK,
ES, FI, FR, GB, GR, IE, IT, LU, MC, NL,
PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN,
GW, ML, MR, NE, SN, TD, TG

Language Publication Language: English

Fulltext word count: 33203

Detailed Description:

...the alternative dispute resolution ("ADR") industry. However, conventional ADR, although sometimes helpful, is still costly and the results are often unacceptable.

An untold number of **pending** claims are ripe for **settlement**, but have not been resolved for reasons that have nothing to do with their merits. The present invention is based on the premise that the... ..to the system; lower cost to initiators relative to hiring a lawyer to engage the system or file and prosecute a lawsuit; greater comfort for **claimants** engaging the system because the legal knowledge necessary to draft a simple dismissal, release or settlement agreement is not needed; lower cost because an attorney is not needed or minimally needed to memorialize the settlement; consolidation and simplification of multiparty negotiations into effectively a two party negotiation; greater flexibility for **claimants** since they control the particular method of payment; faster receipt of settlement proceeds; or smaller likelihood of post settlement defaults by defendants.

Particular embodiments of systems incorporating the invention may feature one or more of the following additional advantages: the ability for **individuals** to directly contact and engage in a dispute resolution negotiation; the ability to receive an immediate or direct crediting, transfer or initiation of a transfer... which.

FIG. 1 is an overview of the computerized system usable to implement the present invention.

FIG. 2 is a block diagram showing how a **claimant** involved in a dispute interacts with the computerized system of FIG. 1.

FIG. 3 is a block diagram of an example of how an embodiment... ..insurer, for which the person with the claim would be willing to settle. Information corresponding to the amount of the demand is entered by the **claimant**, or his or her representative, by using the numbers of a touch-tone or cellular telephone or the keyboard of a personal computer. An "offer if the smart card is used, certain embodiments will allow a settlement to be completed by direct transfer of funds onto the **claimant's** smart card.

Still further advantages may be realized when transfer of the settlement value in resolution of a given dispute can be automatically, if not immediately, be made to the **claimant**.

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We have also recognized that some of the claims which can not be settled using the basic configuration automated dispute resolution arrangement can nonetheless... ..Initiator respondents benefit in a savings because the payment they would make relative to a normal payment for a pair of values is less. Initiator **claimants** benefit in a windfall increase relative to a normal payment for a pair of values.

In a fully automated system, strategies, evaluations, or other work... ..basic system using the Internet or a telephone as the communications linkage.

Preferably, the central processing unit receives the settlement offers and a plaintiff or **claimant** enters

demands in communications with the system within a

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period of time, for example, 30 days. Time keeping is performed to record the entry... ..of the same number (i.e. Demand #1 to offer #1, Demand #2 to offer #2, etc.).

The computer matches the settlement offer against the **claimant's** demand and performs its programmed calculations in order to determine whether or not a settlement has been achieved. Where the demand and offer intersect... ..one or both of the parties to the dispute to adjust their offer(s) or demand(s) into settlement range.

Figure 2 shows how a **claimant** involved in a dispute would use the confidential and fully automated system without direct communication with the other side.

The system preferably is also implemented...in such a system, the system automatically converts the offer and demand into a common currency. Typically, this will be the currency specified by the **claimant**. Alternatively, the currency used can be based upon a joint selection by the adversaries, for example, a Japanese party and Canadian party could select the... ..a negotiator proxy. This encourages and enables plaintiffs to take a realistic approach to settlement with no risk of appearing irresolute or hesitant since a **claimant's** financial demands that do not result in a settlement are never disclosed. Preferably, in the normal course, **claimants** have only three or some other previously agreed-upon number of opportunities or rounds to settle claims using the system, and preferably settlement offers or... ..have only a limited period or "shelf life" in which they are operable, for example thirty days for all rounds, which encourages prompt action by **claimants**.

The system preferably also collects and processes settlement data generated from a settlement reached through the operation of the system for dissemination and use by users, for example sponsors and **claimants**, in establishing the settlement value of future cases. Settlement data may also be used by facilitators in prompting one or both parties to adjust the... ..be guided in making demands and offers by actual settlements reached in similar cases.

Since the system is accessible via telephone and/or the internet, **claimants** need not have an attorney in order to engage the system and settle a claim.

Furthermore, incentives for using the arrangement may be provided, either... ..invention provides an online system, preferably Intranet website via the Internet or telephone accessible or both, to facilitate the settlement of claims by allowing attorneys, **claimants** and/or claims adjusters to use a simple interface to rapidly post a series of monetary claims for a case to be tested against an... ..system using electronic media and formats agreed upon by the parties.

The sponsors preferably can also describe the algorithm amount and percentage, and at the **individual** claim level, check their potential exposure for claims with a built-in calculator provided by a computer program in the system.

Claimants can make demands directly, without hiring a lawyer, and calculate potential settlement gains for their demands. **Claimants** may become aware

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of the system through advertising, word of mouth, links provided on selected websites and/or through affinity or partnership arrangements.

Attorneys for a **claimant** can make demands in return and calculate their potential settlement gain. **Claimants** or their attorneys may be invited to participate in the process by an automatically generated letter that is sent out once the sponsor enters the case. The **claimants** or attorneys may then log into the system by special authorization codes provided in the letters.

The parties involved may agree in advance to the... ..between system and user. Preferably, the ma or areas of the website include a login area for sponsors or their representatives, a login area for **claimants** or attorneys for **claimants**, and a login area for administration personnel who oversee the system. If desired, the website may also include a publicly accessible area that highlights information about the system. For increased security, a separate website may be set up with this information.

Individuals using the computerized system preferably must log into the system before they ...can manipulate any data. Preferably, they can view, enter and
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change only that information that is within their access limits -- as an attorney for **claimant**, a directly accessing **claimant**, a sponsor user, a sponsor administrator, or a system administrator.

A sponsor user is a claims adjuster or other agent who works for a sponsor, for example an insurance company or large self-**insured** organization, which has entered into an agreement to use the computerized system. A sponsor user is preferably limited to entering and reviewing cases relevant to... ..user name and password combination or pair, read and agree to an agreement for the sponsor's participation in the system, assign new cases for **claimant** attorney participation, and **review** any completed, pending or in-process cases that have been entered into the system by that sponsor user.

A sponsor administrator is a sponsor userlogin and contact information, add or delete sponsor users, create sponsor users with administrator privileges, and review cases for all sponsor users within the sponsor.

Claimants or their attorneys may enter the website to login to the system preferably using a username and password pair, read and agree to a system participation agreement for the **claimant**, **review** case information as prepared by the sponsor, with current case status information, and post claims against a particular case.

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Preferably, system administrators who work... ..which is able to be accessed or queried by the system administrator. A more limited form of case report writer may also be provided to **claimants** and other users of the system in which only infon--nation that is within the user's access limit may be searched.

The system of the present invention is preferably designed to make it easy for either a **claimant** directly engaging the system, or a **claimant's** attorney using an on-line connection such as a common Internet browser or telephone to access the system and attempt to settle a legal... ..system, for example, with

a login to the website. The sponsor may at that time enter any pertinent case information about the case and the **claimant** attorney. After adding or **reviewing** case details, the sponsor submits all at once or over time a number of settlement offers, preferably up to three, for each claim submitted. Each...
...100,000 demand, i.e. the highest demand that will trigger a settlement under these conditions).

Once the claim is entered on the system, the **claimant** or **claimant's** attorney is contacted, for example by ordinary or electronic mail. (For simplicity, the **claimant's** attorney will be used but the discussion applies equally to the **claimant** and to other representatives of the **claimant**). The **claimant's** attorney chooses an attorney security code, which is preferably a unique numeric personal identification number ("pin number") that permits the attorney to access the computerized system. The **claimant's** attorney must also agree to be bound by any settlement achieved by the parties using the computerized system and may also at this time... ..amount, and the formula for determining the amount of the settlement in that instance. The claim is now ready for

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settlement, and the **claimant's** attorney will preferably have three normal Rounds, or opportunities, to settle a claim, which may be entered over time or all at once.

Referring now to the block diagram of Figure 2, the **claimant** attorney or other user (for example a defendant or sponsor) accesses the system via the Internet using any standard web browser or via an ordinary...settle or, if available, will invoke a power round. If, during the normal rounds, the settlement offer is the same as or greater than the **claimant's** demand, the claim is settled for the demand amount.

Preferably, the preestablished conditions are such that even if the offer and demand differ by... ..first preestablished formula, i.e. demand plus offer divided by two equals the settlement amount.

TABLE I

EXAA4PLE I (preestablished percentage: 80% of demand)

Round **Claimant's** demand Settlement Offer Result

1 \$200,000 \$40@000 No Settlement

2 \$150,000 \$60@000 No Settlement

3 \$100@000 \$807000 Settled for \$90,000

EXAMPLE 2 (preestablished percentage: 70% of demand)

Round **Claimant's** demand Settlement Offer Result

1 \$19;000 \$4@500 No Settlement

2 \$14@000 \$6@500 No Settlement

3 \$12@000 \$8;000 Settled... ..a

dispute, preferably a party representing a person against whom a claim or series of claims is made, for example a sponsor, or an unrepresented **claimant** engaging the system, enters into the central processing unit a series of rounds of offers to settle the dispute (or if the **claimant**, a series of rounds of demands to satisfy the claim). The information as to a claim is submitted electronically in a format compatible with the... ..For example, the parties may agree to be legally bound to settle the case if the demand and the offer in any given round are **identical** (in which case the **claim** is settled for that amount) or are within a previously agreed-upon range or formula, for example, within 20% or \$5,000 or some combination...originally chosen, the program enters step 14 where an Add/Edit case screen preferably allows the sponsor to enter the following

information into the database.

Claimant name

Case Description

Sponsor Case ID

Values for each of 3 settlement rounds

The Claimant Attorney name, firm, address, city, state, zip code, telephone, fax, and email

In telephone-based embodiments, some or all of this information may be entered... ..the data is sent to the database for entry as an addition or update. Preferably, a sponsor user cannot edit a case in which the **claimant** attorney has started to submit demands into the system, except to change clerical information such as address and phone number.

A "CaseDataEntry" module may be... ..add/insert it into the database. The main features of the program are the checking of an expired edit time, and whether or not the **claimant** attorney has entered a demand in the system. In either event, the form aborts and an error message is presented.

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Preferably the program is... ..preferably given an option to edit the information, preferably with a specified time limit (e.g. 30 minutes) for the rounds of offers provided a **claimant** attorney has not started to submit demands. The View screen may, if desired, also display a list of cases that have been assigned to a...screen users for administrator privileges, for example, before allowing the user to edit records.

Many of the above-described steps preferably also apply to a **claimant** attorney, i.e. an attorney that represents an **individual** or company that has dispute or has initiated a lawsuit with a sponsor who has entered into a participation agreement to use the system.

The... ..Once the attorney signs and forwards the agreement to the system administrators, the attorney is given the proper login credentials.

In a similar manner, a **claimant** may contact the system to submit a dispute without going through an attorney. The **claimant** may be required to sign or otherwise acknowledge being bound in accordance with the participation agreement, and in some cases tender some form of payment, to engage the system.

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As in the case of sponsor users, the **claimant** attorney opens his or her web browser and accesses the system website (See Figure 4, step 10). The attorney, however, chooses an "enter as Attorney... ..links to separate functions via a menu bar on the left-hand side of the screen. As in the case of the sponsor user, the **claimant** attorney's choice is saved through intermediate login and contract screens which follow.

The program next moves to step 12 in which the user must... ..the user is shown an error screen with the option to try again.

As in the case with the sponsor user, step 13 shows the **claimant** attorney a system participation agreement if the correct name and password were entered with the same options and results discussed previously. A "License" file similar... ..file and a "Disagree" file similar to corresponding files for the sponsor- user follow the "License" file to implement this step depending on whether the **claimant** attorney agrees or disagrees. Similarly, "Logout", "Access-Denied", and "Default" files corresponding to similar files for sponsor users preferably are provided.

If the case information option was selected, a case information screen is provided which preferably allows the **claimant** attorney to view the following information from the database.

Case Name
Status
Claimant Name
Attorney name
Attorney firm
Attorney address
Attorney city
Attorney state
Attorney zip
Attorney telephone
Attorney fax
Attorney email

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Preferably, the screen displays the...for comparison. A "CaseNextRound" module may be created to form a template to determine the results of the comparison based on the information that the **claimant** submitted on the CaseNextRound form and on the preestablished conditions.

Preferably, the preestablished conditions are determined on a sponsor by sponsor basis but may also... ..used and a power round is not available. If a round is unavailable, for ex ample, the parties have agreed to three rounds and the **claimant** attorney has entered three rounds of demands, the user will see a message that the case is now closed in the system.

If the user is presented with the case acceptance screen, the claim is settled and the **claimant** or attorney is notified of the dollar amount of the settlement, and preferably the details of where to send the final settlement request (e.g... ..preferably is designed so that upon settlement of the claim, data for the settlement is collected and stored for access and use by sponsors and **claimants** in establishing the settlement value in future cases.

Preferably, the system is administrated by a system administrator who may be an employee of a third...data on operating systems such as Windows NT, Novell NetWare
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and UNIX servers, and over numerous databases, including Microsoft SQL Server, oracle, and Sybase
databases, and the **search** capacity for content in HyperText Markup Language and Microsoft office document types, and multiple languages.

Preferably, the webserver offers processisolation, a feature which

protects applications...the adverse parties with a statement regarding the range of past settlements on record for a similar dispute.

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By way of example, assume a **claimant** has been injured and initiated a lawsuit in a particular jurisdiction. The **claimant** submits the claim to a dispute resolution system incorporating a facilitator. The **claimant** believes the injury merits a \$200,000 settlement. Prior to the **claimant** submitting any values usable in a round, the facilitator encourages the **claimant** with the statement "Similar claims have settled in your jurisdiction for between \$38,000 and \$55,000." The **claimant** will thus have an indication that their expectation is unrealistic. As a result, the **claimant** may decide not to pursue the dispute resolution, or may decide to try anyway. As a result of the encouraging, the **claimant** will ideally provide more realistic demands, thereby increasing the prospect for settlement from the outset.

Alternatively, or in addition, the facilitator could get involved in...by no means exclusive or exhaustive, acceptable statements or prompts.

a) "The insurance company will increase their offer if you decrease your demand."

b) "The **claimant** has significantly adjusted her demand downward, but the offer must also be increased."

C) "You are close to a settlement but you still must give ...settlement message (I 34) in the same general manner described above.

In one exemplary power round, following a three round limit, one party, typically the **claimant**, is prompted to submit a fourth value analysis in conjunction with the last value (in this example, the third) value of the respondent. In this... ..the system retains, rather than discards, at least the respondent's last value from the final normal round until the power round is complete. The **claimant's** fourth submission is then analyzed with the respondent's value used in the third round against using a specified criteria. Depending upon the particular... ..of the two values that triggered the settlement, a power round settlement payment calculation might involve some adjustment to less than the median for the **claimant** or more than the median for the sponsor or defendant. In other words, assume a settlement was triggered by an offer of

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\$50,000... ..a demand of \$55,000. In a round where the normal payment amount a power round, the payment might only be \$51,250 to the **claimant** because the **claimant** agreed to a \$1,250 fixed value adjustment or a calculated adjustment of 50% of the difference between the offer and median in order to buy a power round.

Similarly, if the respondent rather than the **claimant** bought the power round, the payment might be \$53,750.

It will be appreciated that, numerous types of adjustments may be made the important point...a power round being "bought" to, for example, provide a statement derived from the tabulated data from prior settlements.

By way of example, a **claimant** buys a power round in return for a \$3,000 decrease in settlement payment. In this power round, the offer from the last round will... ..000 offer and a \$1 10,000 demand, the median is \$105,000. However, since the settlement resulted from a power round bought by the **claimant** for a \$3,000 reduction, the settlement payment would be reduced by \$3,000 to \$102,000.

Although in the basic arrangement, the settlement criteria... ..since the system is directly accessible to non-attorneys on-line, for example, via the internet or telephone, dispute resolution is directly available to the **individual** without the normal risks or problems which can arise from a person acting as their own lawyer. As a result, **claimants** and respondents may each benefit in one or more of the following ways.

There are four potential **claimant** benefits which can specifically result from a **claimant** directly initiating entry of their dispute for automated dispute resolution in the first instance. First, since the system does not deal with the law or the facts, only the bottom line, a **claimant** need not be sophisticated, knowledgeable in legal nuances or a capable negotiator in order to obtain an acceptable settlement.

Second, the **claimant** is not subject to a "contingent fee" or other legal costs, although they might be charged some "engagement fee" as evidence of good faith or... ..using the system. Third, the case may be resolved much faster than would be the case through conventional legal or dispute resolution routes since the **claimant** has greater control over the negotiation since they present the demands rather than authorizing an attorney to settle for no less than a specified amount. Finally, as will be discussed in greater detail below, use of the system may result in the **claimant** receiving their payment faster and/or more conveniently.

There are also at least three potential benefits when a defendant initiates the automated dispute resolution process... ..submit demands, leading to settlement, well below what the defendant could be forced to pay through conventional legal or dispute resolution channels. Finally, if a **claimant** can engage the system directly, rather than through an attorney, the prospect of a quick **settlement** goes up because **delays** due to backlogs or inattentiveness of attorneys to smaller claims in favor of larger ones are eliminated.

Claimants can be attracted to the system using conventional print, radio and television media, word of mouth, links on websites, partnerships with portals or web based companies, and/or through affinity program arrangements.

For example, insurance companies may offer incentives in the form of discounts on insurance products to **claimants** who directly engage the system.

Alternatively, a company may offer an incentive, such as a higher investment rate on 59 an annuity or reduced fees for a product if the **claimant** directly engages the system, a settlement is reached, and the proceeds are invested through the company.

Alternatively, affinity programs can be arranged with entities such as airlines or credit card companies

so that, if a settlement is reached, the **claimant** will receive frequent flyer mileage or a debit card for the amount of the settlement. Other suitable partnerships and affinity arrangements can be set up... ..claim is first submitted by an attorney who has an account with the system.

Depending upon the implementation, if a defendant can be a direct **claimant**, it may be desirable to require the defendant to "escrow" proceeds such that if a settlement is reached, the risk of post-settlement default is... ..amount back to the defendant's credit card or account if the settlement figure reached is less than the escrow.

By way of example, a **claimant** with a currently pending claim arising from an automobile accident sees an article on a consumer oriented website about automated dispute resolution. This causes the **claimant** to go to the identified website which acts as an internet interface to an automated dispute resolution system. The **claimant** submits the claim to the system and is charged an engagement fee of \$75.

Since the **claimant** directly contacted the system and the respondent's insurer has not previously submitted this particular claim to the system, the **claimant** is flagged in the system as an initiator. At some time thereafter, the insurer agrees ...the value submitted by the adverse parties. However, as part of the calculation function, the system identifies that the initiator flag is set for the **claimant**.

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As a result, the payment is calculated differently so as to provide a windfall benefit to the **claimant**. For example, the **claimant** may receive the offer amount, an amount specified by a new formula, some percent in excess of the median amount, a fixed amount bonus, or... ..be used in place of the lower of the offer or demand in the particular formula, so as to provide a higher payment to the **claimant relative** to what the **claimant** could have obtained in the normal case.

In a similar vein, if two parties to a dispute are both **individuals** and the respondent is the initiator, the "windfall" would be in the form of a reduced payment amount relative to a normal payment amount.

In... ..next round the offer is more than the demand. In such a situation, the simplest windfall benefit to set the settlement payment to the initiator **claimant** equal to the full offered amount rather than the calculated normal payment amount. Conversely, the simplest windfall for the initiator respondent is to set the... ..reached.

A further advantage flowing, in part, from the on-line nature of the system is the ability to automatically provide immediate payment to a **claimant** or initiate an immediate transfer of the settlement payment or value when a settlement is

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reached. The system Fig. 7 is a simplified system variant which includes an interface 72 to effectuate payment to the **claimant** automatically. For example, the interface 72 may be to a payment card account system such that if a settlement is reached, and the **claimant** is a registered cardholder the **claimant's** credit/debit/charge/entertainment card is automatically credited with the settlement amount. Similarly, if the **claimant** has a smart card, stored value card, online creditable purse or module, or other on-line accessible way for the recipient to automatically (and preferably... ..that the basic principle is the automatic provision or transfer of value, not the particular scrip, protocol or device used to do so.

Alternatively, the **claimant** may provide the system with an account number into which a wire transfer of the funds may be automatically transferred.

In some instances, the interface... ..highest offer they will present. In the event of a settlement, the appropriate amount is calculated as the settlement figure and automatically transferred to the **claimant**. For example, in the case of stocks, the shares will be automatically registered in the name of the **claimant**. In the case of precious metals, an account will be automatically opened in the **claimant's** name and a suitable amount will automatically be credited to that account. It will be recognized that, consistent with the description herein, automated dispute... ..a settlement is reached, the system will automatically notify the appropriate entities and provide the necessary documents to effectuate the transfer with a minimum of **claimant** involvement.

Additionally variants may initiate issuance of some insurance product, such as an annuity or a fully paid up insurance policy in the settlement amount.

One possible drawback to a system which allows a **claimant** to directly engage the system is the **claimant's** potential fear that, even if a settlement is reached, attorney involvement may be required in order to consummate the settlement.

Advantageously, the system may...However, in some cases, particularly when the claim involves a single entity against a group of entities for a claim, aggregation of the group's **individual** offers or demands can simplify processing.

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Depending upon the particular system, the aggregation can be fully or partly blind to some or all of... ..if a plaintiff has a claim against three separate parties (collectively "the group", the group can be linked such that the system will still accept **individual** submissions from each. However, once received, **individual** submissions from each member of the group will be added to corresponding submissions of the others in the group to form one or more sets of aggregate values.

The system is "fully blind" because the **individual** members of the group are not informed that the aggregation is being performed. An aggregate value is used in the system as if it was an offer or demand submitted by a single entity. In this system, an "AggregateValues" module can be created which sums **individual** values from different entities sharing a **common** adversary for a **claim**. The system will compare the aggregate value against an opposing offer or demand as described above. In other negotiation -- because from the system perspective at... ..Similarly, the system does not disclose the adversary's submission to any member of the group.

Depending upon the particular system configuration, the submissions from **individual** members of the group may not be disclosed to any other member of the group.

In the case of a fully blind aggregation arrangement, **individual** submissions are not revealed to anyone other than the party making that submission.

An example of a fully blind negotiation is shown in Table 3... ..077

Party 3 receives \$33,205

A partially blind arrangement allows the group access to each other submissions. To prevent escalation in submissions by one **individual** based upon the submission of another on the group, it is desirable to only allow an **individual** access to the submissions of others in the group after all the **individual** values have been submitted and the values have been locked against withdrawal or change.

An example of this type of partially blind negotiation is shown...C declines to
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participate, if a settlement is reached you may be able to independently pursue your claim against Entity C."

Round Aggregate Offer **Claimant's** demand Result

1 \$100@000 \$295@000 No Settlement

2 \$110@000 \$230,000 No Settlement

3 \$120@000 \$160@000 Settle for \$140... ..as to attempt to preserve a claim against them, and a defendant gets to opt out one or more plaintiffs, to prevent one or more **individuals**, for example, those with a history of dubious claims, from riding on the claims of others.

The aggregations may also be independently performed on both... ..a group may submit offers for comparison against another group's demands. Depending upon the particular implementation, the aggregation arrangement on one side of the **claim** need not be the **same** as the aggregation performed on the other side of the claim. In other words, offers may be submitted
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SHEET (RULE 25)

partially blind for... ..implementations, the members of the group can specify a payment allocation other than on a pro-rata basis.

If the group is made up of **individual** parties who will receive payment, depending upon the particular system, the parties will each receive their respective demands, rather than some median. Alternatively, additional modules... ..particular implementation.

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In a similar vein, an arrangement may be made with a currency exchange entity so that, if a settlement is reached, the **claimant** can be paid in the currency of choice, irrespective of the currency the respondent used to submit offers.

For example, a Greek national submitting offers... .."StructurePayment" module which will calculate a structured payment from the settlement amount in accordance with specific guidelines submitted by a party. In this manner, spendthrift **claimants** can protect themselves by specifying that the payment not be provided as a lump sum, but rather incrementally over time. Coupled with one of the...

Dialog eLink: [Order File History](#)

13/3K/19 (Item 19 from file: 349)

DIALOG(R)File 349: PCT FULLTEXT

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00501664

**INTEGRATED BUSINESS-TO-BUSINESS WEB COMMERCE AND BUSINESS
AUTOMATION SYSTEM**
COMMERCE ELECTRONIQUE ET TRANSACTIONS AUTOMATIQUES INTEGRES**Patent Applicant/Patent Assignee:**

- WONG Charles

Inventor(s):

- WONG Charles

	Country	Number	Kind	Date
Patent	WO	9933016	A1	19990701
Application	WO	98US27496		19981222
Priorities	US	97995591		19971222

Designated States: (Protection type is "Patent" unless otherwise stated - for applications prior to 2004)AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY,
CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI,
GB, GE, GH, GM, HR, HU, ID, IL, IS, JP,
KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT,
LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ,
PL, PT, RO, RU, SD, SE, SG, SI, SK, SL,
TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU,
ZW, GH, GM, KE, LS, MW, SD, SZ, UG, ZW,
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BE, CH, CY, DE, DK, ES, FI, FR, GB, GR,
IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
CG, CI, CM, GA, GN, GW, ML, MR, NE, SN,
TD, TG**Language** Publication Language: English

Fulltext word count: 43431

Detailed Description:

...manually, typically by a Return Merchandise Authorization (RMA) or traffic department. Also, some fraction of shipments are bound to be lost, damaged or mis-shipped. **Related insurance claims** typically must also be handled manually both by the traffic and accounting departments. Even though the foregoing activities are closely related functionally, the mechanisms for...modules pertaining to each of the different domains. Customers and vendors may obtain access to the database through the Internet or the like. The physical **location** of the **database** therefore becomes irrelevant-the database can be everywhere in the world, either through wired communications or wireless communications. A firewall (or other security scheme, such...or many identifiers of a particular type (e.g., P.O. numbers, invoice numbers, asset tag numbers, etc.) and create a corresponding number of return **requests**.

Preferably, this **same** multiple-entry feature is provided in an internal client user interface in addition to the Web user interface.

....

Sales

As may be appreciated from the foregoing description, an order may be preceded by a quote. Quotes may be requested...type, release a replacement shipment, etc.

A further important feature also greatly facilitates convenient navigation and ease of use. In most systems, to display related **records**, a **search** editor is used to enter a search. In the present system, by contrast, a "related-switch" menu bar is provided within most displays. Using this...the status of records acted upon. In the case of RMAs, for example, the user may easily, with the click of a button, approve or **cancel** an RMA, **issue** a customer credit memo, change the N/A settings of the RMA, etc. In the case of expedite, the user may easily, with the click...a carrier list. The user is then prompted to enter a date range specifying a period to which the freight bill pertains (Figure 94). Shipping **records** are then **searched**, and freight charges for shipments with the specified carrier during the specified period are totaled. Invoice entry is then completed in the usual manner. If...local government, service providers, etc.

Nightly or Periodic System Update

In addition to the foregoing business rules, or experiential constraints, implemented within each of the **individual** modules, recall that cross-checks between various domains are performed at intervals. Such cross-checks may be performed nightly or at other periods of low... ..update. As a result of the nightly update, a nightly update report is generated, all or selected portions of which are automatically emailed to responsible **individuals** for receipt the ...involves the following steps.

1. Analyzing business and financial transaction to determine if they affect accounts;
2. Journalizing transactions affecting the accounts;
3. Posting journal **entries** to accounts;
4. **Determining** the balance in each account using incoming bank statements;
5. Preparing a total of all the account balances, called a trial balance; 6. **Determining** whether any adjusting **entries** are necessary and journalizing and posting such adjusting entries;

. Preparing financial statements;

8. Closing income statement accounts and establishing ending balances for use in ... the accounts is called posting. At the end of the fiscal period, before making any adjusting entries, an accountant prepares a schedule listing all the **individual** account titles and their respective debit or credit balances. Following the trial balance, various adjusting entries may be required to assure that revenues are reported...a personnel module.

Two functional blocks in particular from the basis for performance evaluation, a Measurement Factors block and a Score Keeper block. For each **individual** whose performance is to be tracked, a list of tasks performed by the **individual** is compiled, together with an estimate of what percentage of the **individual**'s overall assignment each particular task constitutes. Using this information, the **individual** participates in the setting of realistic goals within various categories. These goals are stored so as to be readily accessible to the **individual** for frequent review. The goals in turn dictate measurement factors/parameters tracked by the "descriptive" Measurement Factors block. These factors/parameters form the answer to the question "What is the pertinent data within the database upon which to evaluate the performance of the **individual**?", both individually and as a team player. Suggestions received from within the organization may influence the pertinent measurement factors/parameters.

The question, "How should the ...million dollars of RM.As.

The Algorithm of Activity Data serves as a foundation for human performance evaluation. Referring to Figure II 7, for each **individual** employee to be evaluated, various metrics from the Algorithm of Activity Data are chosen and tracked for that employee, resulting in Employee Specific Task/Assignment... data, the user selects a department causing performance data to be displayed for the department as a whole. The user may further select a specific **individual** within that department, in which case a Dynamic Personal Tracking view is displayed. The Dynamic Personal Tracking view displays all of the chosen metrics for...the access rights of different users. In the case of viewing quotes, for example, access may range from access only to one's own quotes (**individual** access), access to one's own quotes and those of user's whom one supervises (supervisory access), or universal access (in the case of a...feature of the ICE system is its capability to support Dynamic Conventional workflow starts with a blank slate and then builds up the workflow from **individual** applications or components. Even when workflow templates are used those templates simply specify which components are added by default to the blank slate.

In conventional... applications. Workflows are simply hyper-applications that are built from components at a coarser level of granularity and a higher level of abstraction than the **individual** applications that make up the workflows.

B. Full-Text Databases – NON-PATENT

File 485:Accounting & Tax DB 1971-2010/Feb W3
 (c) 2010 ProQuest Info&Learning
File 625:American Banker Publications 1981-2008/Jun 26
 (c) 2008 American Banker
File 637:Journal of Commerce 1986-2010/Feb 26
 (c) 2010 UBM Global Trade
File 15:ABI/Inform(R) 1971-2010/Feb 25
 (c) 2010 ProQuest Info&Learning
File 9:Business & Industry(R) Jul/1994-2010/Feb 25
 (c) 2010 Gale/Cengage
File 610:Business Wire 1999-2010/Feb 26
 (c) 2010 Business Wire.
File 810:Business Wire 1986-1999/Feb 28
 (c) 1999 Business Wire
File 275:Gale Group Computer DB(TM) 1983-2010/Jan 19
 (c) 2010 Gale/Cengage
File 624:McGraw-Hill Publications 1985-2010/Feb 26
 (c) 2010 McGraw-Hill Co. Inc
File 621:Gale Group New Prod.Annou.(R) 1985-2010/Jan 08
 (c) 2010 Gale/Cengage
File 636:Gale Group Newsletter DB(TM) 1987-2010/Jan 25
 (c) 2010 Gale/Cengage
File 613:PR Newswire 1999-2010/Feb 26
 (c) 2010 PR Newswire Association Inc
File 813:PR Newswire 1987-1999/Apr 30
 (c) 1999 PR Newswire Association Inc
File 16:Gale Group PROMT(R) 1990-2010/Feb 26
 (c) 2010 Gale/Cengage
File 160:Gale Group PROMT(R) 1972-1989
 (c) 1999 The Gale Group
File 634:San Jose Mercury Jun 1985-2010/Feb 25
 (c) 2010 San Jose Mercury News
File 148:Gale Group Trade & Industry DB 1976-2010/Feb 26
 (c) 2010 Gale/Cengage
File 20:Dialog Global Reporter 1997-2010/Feb 26
 (c) 2010 Dialog

Set	Items	Description
S1	242074	INSURANCE (4N) CLAIM?

S2 31442 (ASSOCIATED OR SAME OR RELAT? OR IDENTICAL OR OVERLAP? OR MATCHED
OR MATCHING OR NO()OTHER OR CONNECTED OR ABSEN? OR COMMON) (4N)(CLAIM? OR REQUEST?
OR FILING?)

S3 15689 (CLAIMANT? OR INSURED? OR COVERED OR FILER OR INDIVIDUAL? ?)

S4 1014 (DATABASE? OR RECORDS OR PAPERWORK OR FILING? OR DATA()BASE? ? OR
BANK? ? OR STOR? OR SYSTEM?) OR ENTRIES)(4N)(SEARCH? OR FIND? OR LOCAT? OR SEEK?
OR DETERMIN? OR VERIF? OR DISCOVER? OR (LOOK??? OR RESEARCH?)) (THROUGH OR IN OR
INSIDE) OR EXAMIN? OR REEXAMIN?)

S5 2644 (DELAY? OR POSTPON? OR WITHHOLD? OR BLOCK? OR STOP? OR HOLD??? OR
PENDING OR PUT???)(OFF OR ASIDE) OR FREEZ? OR FROZEN OR CANCEL? OR CEAS???
(4N)(PAY? OR AWARD? ? OR COMPENSAT? OR SETTL? OR ISSU? OR CHECKS OR DISBURS? OR
OUTLAY? OR FUNDS OR DAMAGES OR MONEY? ?)

S6 3548 (INVESTIGAT? OR PROBE? OR PROBING OR RE()EXAMIN? OR REVIEW? OR
REEVALUAT? OR REPROCESS? OR (NEW OR AGAIN OR ADDITIONAL) (2N)(EXAMIN? OR EVALUAT?
OR PROCESS? OR ADJUST?) OR READJUST? OR AT()ISSUE) (4N)(CLAIM??? OR UNDERLYING OR
FACTS OR INCIDENT? ? OR FRAUD? OR DEFRAUD? OR INDIVIDUAL OR REQUEST? OR EVENTS OR
ISSUES)

S7 14784 S2(F)S3

S8 773 S4(F)S7

S9 203 S8(F)S5

S10 92 S9(F)S6

S11 42 S10 FROM 348,349

S12 50 S10 NOT S11

S13 20 S11 NOT AY>2002

S14 24 S12 NOT PY>2002

S15 19 RD (unique items)

15/3,K/2 (Item 2 from file: 485)
DIALOG(R)File 485: Accounting & Tax DB
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**** FULL-TEXT AVAILABLE IN FORMATS 7 AND 9 ****
00664653

Communication, trust are pluses

Anonymous

Internal Auditor v55 n2 pp: 93-98 Apr 1998

ISSN: 0020-5745 Journal Code: IAU

Word Count: 2359 Line Count: 214 Accounting & Tax DB_1971-2010/Feb W3

Supplier Number: Text:

...state records only, even though the employee had lived out of state until recently. The auditor requested out-of-state records, which revealed that the **individual** had been convicted of conspiracy to manufacture and distribute cocaine. He had served prison time for the conviction during the year unaccounted for on the job application. There had also been a previous arrest for theft. The **individual** admitted falsifying the job application, and employment was terminated.

To help prevent similar occurrences, the auditor recommended that management reemphasize the importance of reviewing all...usage were

properly captured so that the city would receive the maximum refund for which it was eligible.

SAN DIEGO CHAPTER SPLITTING THE PROFITS

While **reviewing** insurance **claim** payments, the internal auditor noticed several payments were written to the same **individual** for the same dollar amount. Upon further investigation, the auditor discovered that all of the payments had been manually prepared and **requested** by the **same** employee. The auditor also found that the employee personally delivered each of the drafts to the **claimant**.

When the auditor questioned the employee, he denied knowing the **claimant**. However, the auditor conducted additional research and determined that the employee and the **claimant** had served together in the armed forces and, in fact, knew each other quite well. The auditor concluded that the employee was splitting the amount of the drafts with the **claimant**. As a result, the insurance company terminated the employee.

CENTRAL IOWA CHAPTER SYSTEM CHECK ISSUANCE FRAUD

A local bank president notified the company's accounting...
...depositing several company-issued checks into a personal account. The internal auditors were called in to investigate.

Through interviews and a review of check issuance **records**, the auditors **determined** that two company managers had issued the fraudulent checks and conspired with the bank employee to deposit them into their accounts. The managers persuaded several...

...confirmation letter for one of the fraudulent checks marked address unknown. Department procedures require prompt follow-up on all returned mail. However, follow-up was **delayed** until the supporting **payment** documentation could be located.

Subsequently, the company pressed charges and the two managers and the bank employee received prison sentences. The auditors reemphasized the company ...salvage would have been substantially greater.

CENTRAL IOWA CHAPTER DISCOUNTS AND "BEST" DISCOUNTS

The organization sought proposals for software to be used by 1,000 **individuals** concurrently. Management **requested** that the internal auditor **review** one software vendor's bid of \$4.6 million for the software and \$3.2 million for five years of maintenance.

While visiting the vendor...

15/3,K/14 (Item 9 from file: 15)
DIALOG(R)File 15: ABI/Inform(R)
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00767444 94-16836
The casualty claim file: Protection and disclosure

Hamilton, Thomas M; Siderius, Jeffrey A
CPCU Journal v46n3 pp: 177-187
Sep 1993
ISSN: 0162-2706 **Journal Code: CPC**
Word Count: 7800

Text:

...a number of courts have held that the insurance company may provide evidence to support its position that such requests are objectionable reasons.(6)

. . .

International...

...to a certain date when in the court's view litigation was certain.(53)

With unusual specificity, the court examined the reinsurers' claims that three **individual** documents created prior to the actual inception of ...level of coordination will not entirely eliminate the need for case-by-case document searches or review (for example, underwriting files specific to a particular **insured**), thoughtful use of national counsel can both provide consistency of handling and avoid duplication of effort in cases in which policyholders use what have now...
...demands. In complex coverage litigation, particularly in cases involving environmental claims, counsel representing the insurer may occasionally need to review some or all of the **insured's** claim files other than those files **related** to the specific **claims at issue** in the litigation from which the request arises. In this area as well, national or coordinating counsel or their paralegals can conduct an initial, comprehensive...

...clearly thought-out and implemented plan for reviewing, coding, inputting, and retrieving documents. Some professional copy services will themselves index documents and help create a **database** for document **search** and retrieval. Of course, the involvement of several insurers can result in net cost savings through sharing of effort. If this course is chosen, a...legitimately be barred from disclosure. Needless to say, it is important to give the attorney all documents (including "personal" or "work files") that might conceivably **relate** to the **request**. It is embarrassing, and potentially sanctionable, to fail to disclose relevant, non-privileged materials in discovery, only to have their existence come to light belatedly...

IV. Text Search Results from Dialog (Abstract dbs)

A. Abstract Databases -- Patent

File 347:JAPIO Dec 1976-2009/Oct(Updated 100129)

(c) 2010 JPO & JAPIO

File 350:Derwent WPIX 1963-2010/UD=201013

(c) 2010 Thomson Reuters

Set	Items	Description
S1	9738	INSURANCE(4N)CLAIM?
S2	638	(ASSOCIATED OR SAME OR RELAT? OR IDENTICAL OR OVERLAP? OR MATCHED OR MATCHING? OR NO()OTHER OR CONNECTED OR ABSEN? OR COMMON) (4N)(CLAIM? OR REQUEST? OR FILING?)
S3	1690	(CLAIMANT? OR INSURED? OR COVERED OR FILER OR INDIVIDUAL? ?)
S4	111	(DATABASE? OR RECORDS OR PAPERWORK OR FILING? OR DATA() (BASE? ? OR BANK? ? OR STOR? OR SYSTEM?) OR ENTRIES) (4N) (SEARCH? OR FIND? OR LOCAT? OR SEEK? OR DETERMIN? OR VERIF? OR DISCOVER? OR (LOOK??? OR RESEARCH?)) (THROUGH OR IN OR INSIDE) OR EXAMIN? OR REEXAMIN?)
S5	119	(DELAY? OR POSTPON? OR WITHHOLD? OR BLOCK? OR STOP? OR HOLD??? OR PENDING OR PUT???)(OFF OR ASIDE) OR FREEZ? OR FROZEN OR CANCEL? OR CEAS??? (4N)(PAY? OR AWARD? ? OR COMPENSAT? OR SETTL? OR ISSU? OR CHECKS OR DISBURS? OR OUTLAY? OR FUNDS OR DAMAGES OR MONEY? ?)
S6	312	(INVESTIGAT? OR PROBE? OR PROBING OR RE()EXAMIN? OR REVIEW? OR REEVALUAT? OR REPROCESS? OR (NEW OR AGAIN OR ADDITIONAL) (2N) (EXAMIN? OR EVALUAT? OR PROCESS? OR ADJUST?) OR READJUST? OR AT()ISSUE) (4N) (CLAIM??? OR UNDERLYING OR FACTS OR INCIDENT? ? OR FRAUD? OR DEFRAUD? OR INDIVIDUAL OR REQUEST? OR EVENTS OR ISSUES)
S7	124	S2(S)S3
S8	6	S7(S)S4
S9	2	S5(S)S6
S10	8	S8 OR S9
S11	5	S10 FROM 347,350
S12	3	S10 NOT S11
S13	3	S12 NOT PY>2002
S14	1	S11 NOT AY>2002
S15	12	S4(S) (S5 OR S6)
S16	12	S15 NOT S10
S17	12	S16 FROM 347,350
S18	4	S17 NOT AY>2002

18/3,K/4 (Item 4 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0010741914 *Drawing available*

WPI Acc no: 2001-354526/200137

XRPX Acc No: N2001-257599

Computer-implemented premium determining method for insurance providing counterclaim coverage, involves generating insurance documentation based on received actuarial data and census data

Patent Assignee: MEDICAL JUSTICE CORP (MEDI-N); SEGAL J J (SEGA-I)

Inventor: SEGAL J; SEGAL J J

Patent Family (4 patents, 92 countries)							
Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
WO 2001009797	A1	20010208	WO 2000US21045	A	20000802	200137	B
AU 200065106	A	20010219	AU 200065106	A	20000802	200137	E
US 6272471	B1	20010807	US 1999365437	A	19990802	200147	E
US 6615181	B1	20030902	US 1999420768	A	19991018	200359	E

Priority Applications (no., kind, date): US 1999365437 A 19990802; US 1999420768 A 19991018

Patent Details						
Patent Number	Kind	Lan	Pgs	Draw	Filing Notes	
WO 2001009797	A1	EN	161	60		
National Designated States,Original	AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW					
Regional Designated States,Original	AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TZ UG ZW					
AU 200065106	A	EN			Based on OPI patent	WO 2001009797

Original Publication Data by AuthorityArgentina**Publication No. ...Original Abstracts:**a World Wide Web site, or it is posted to an in-house database at the insurance carrier, which is accessible, along with other carriersprime **databases**, through a central **search** engine on a World Wide Web site. Instead of, or in addition to, access via the Internet, access can be provided through a dial-up... .. and an independent review concludes that the claim was frivolous. The names of covered professionals are posted on a publicly accessible database. If potential plaintiffs or their attorneys find a potential defendant's name on the **database**, they may be deterred from filing weaker claims that might be viewed as frivolous. Upon approval of an applicant for counterclaim insurance, the applicant's...

Dialog eLink: [Order File History](#)

18/3,K/2 (Item 2 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0012951738 *Drawing available*

WPI Acc no: 2003-028628/200302

Related WPI Acc No: 2002-105735; 2002-257094; 2002-257121; 2002-749774

XRPX Acc No: N2003-022483

Medical information searching method for use in pharmaceutical study, involves generating report including patient records devoid of personal identification information, in response to request

Patent Assignee: DICK R S (DICK-I)

Inventor: DICK R S

Patent Family (1 patents, 1 countries)							
Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 20020116227	A1	20020822	US 2000596810	A	20000619	200302	B
			US 2001794983	A	20010227		
			US 200256236	A	20020123		

Priority Applications (no., kind, date): US 2000596810 A 20000619; US 2001794983 A 20010227; US 200256236 A 20020123

Patent Details					
Patent Number	Kind	Lan	Pgs	Draw	Filing Notes
US 20020116227	A1	EN	20	7	C-I-P of application US 2000596810
					C-I-P of application US 2001794983

Alerting Abstract ...facilitator (12) reviewing the request in order to determine the corresponding record sources. A record query electronically requesting patient information is generated to retrieve the **search** of the patient **records** from the record source and generate a report containing information devoid of personal identification information. **Original Publication Data by Authority** Argentina **Publication No.** ...**Claims:** sources to contact; c) contacting at least one patient record source with a record query electronically requesting information regarding a patient; d) initiating an electronic **search** of medical **records** within the patient record source; e) de-identifying the medical **records** retrieved from the patient record source; and f) returning a patient record report containing information held by the patient record source, wherein the patient record report and the information returned therein...

Dialog eLink: [Order File History](#)

18/3,K/3 (Item 3 from file: 350)

DIALOG(R)File 350: Derwent WPIX

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0012316094 *Drawing available*

WPI Acc no: 2002-257683/200230

XRPX Acc No: N2002-199474

Claims filing system has care center with access to central database holding claimant information

Patent Assignee: FARMERS INSURANCE EXCHANGE (FARM-N)

Inventor: MUKHERJEE D; SOLDANO F A

Patent Family (3 patents, 93 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
WO 2002015079	A1	20020221	WO 2001US22601	A	20010817	200230	B
AU 200184654	A	20020225	AU 200184654	A	20010817	200245	E
AU 2001284654	A8	20051013	AU 2001284654	A	20010817	200611	E

Priority Applications (no., kind, date): US 2000641428 A 20000817

Patent Details

Patent Number	Kind	Lan	Pgs	Draw	Filing Notes	
WO 2002015079	A1	EN	36	8		
National Designated States,Original	AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PH PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW					
Regional Designated States,Original	AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW					
AU 200184654	A	EN			Based on OPI patent	WO 2002015079
AU 2001284654	A8	EN			Based on OPI patent	WO 2002015079

Alerting Abstract ...to the claimant from the care center and claimant information is analyzed at the care center at the time of filing to determine whether the **claim** has to be **investigated**.

?

B. Abstract Databases – NON-PATENT

File 35:Dissertation Abs Online 1861-2010/Jan
 (c) 2010 ProQuest Info&Learning
 File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
 (c) 2002 Gale/Cengage
 File 65:Inside Conferences 1993-2010/Feb 26
 (c) 2010 BLDSC all rts. reserv.
 File 2:INSPEC 1898-2010/Feb W3
 (c) 2010 The IET
 File 474:New York Times Abs 1969-2010/Feb 26
 (c) 2010 The New York Times
 File 475:Wall Street Journal Abs 1973-2010/Feb 26
 (c) 2010 The New York Times
 File 99:Wilson Appl. Sci & Tech Abs 1983-2010/Dec
 (c) 2010 The HW Wilson Co.
 File 256:TecTrends 1982-2010/Feb W3
 (c) 2010 Info.Sources Inc. All rights res.
 File 169:Insurance Periodicals 1984-1999/Nov 15
 (c) 1999 NILS Publishing Co.
 File 347:JPIO Dec 1976-2009/Oct(Updated 100129)
 (c) 2010 JPO & JPIO
 File 350:Derwent WPIX 1963-2010/UD=201013
 (c) 2010 Thomson Reuters

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S3	1690	(CLAIMANT? OR INSURED? OR COVERED OR FILER OR INDIVIDUAL? ?)
S4	111	(DATABASE? OR RECORDS OR PAPERWORK OR FILING? OR DATA() (BASE? ? OR BANK? ? OR STOR? OR SYSTEM?) OR ENTRIES) (4N) (SEARCH? OR FIND? OR LOCAT? OR SEEK? OR DETERMIN? OR VERIF? OR DISCOVER? OR (LOOK??? OR RESEARCH?)) (THROUGH OR IN OR INSIDE) OR EXAMIN? OR REEXAMIN?)
S5	119	(DELAY? OR POSTPON? OR WITHHOLD? OR BLOCK? OR STOP? OR HOLD??? OR PENDING OR PUT???) (OFF OR ASIDE) OR FREEZ? OR FROZEN OR CANCEL? OR CEAS???) (4N) (PAY? OR AWARD? ? OR COMPENSAT? OR SETTLE? OR ISSU? OR CHECKS OR DISBURS? OR OUTLAY? OR FUNDS OR DAMAGES OR MONEY? ?)
S6	312	(INVESTIGAT? OR PROBE? OR PROBING OR RE() EXAMIN? OR REVIEW? OR REEVALUAT? OR REPROCESS? OR (NEW OR AGAIN OR ADDITIONAL) (2N) (EXAMIN? OR EVALUAT?

OR PROCESS? OR ADJUST?) OR READJUST? OR AT()ISSUE) (4N) (CLAIM??? OR UNDERLYING OR
 FACTS OR INCIDENT? ? OR FRAUD? OR DEFRAUD? OR INDIVIDUAL OR REQUEST? OR EVENTS OR
 ISSUES)

S7	124	S2(S)S3
S8	6	S7(S)S4
S9	2	S5(S)S6
S10	8	S8 OR S9
S11	5	S10 FROM 347,350
S12	3	S10 NOT S11
S13	3	S12 NOT PY>2002
S14	1	S11 NOT AY>2002
S15	12	S4(S) (S5 OR S6)
S16	12	S15 NOT S10
S17	12	S16 FROM 347,350
S18	4	S17 NOT AY>2002

NO RELEVANT RESULTS IN THIS SET OF NON-PATENT LITERATURE.

V. Additional Resources Searched

No additional results of relevance found in the additional databases identified in the coverage page correspondence.